FINAL PAYMENT CLEARANCE SHEET

DATE

LAST WORKING DAY

INSTRUCTIONS: Upon completion forward, as appropriate, to Fiscal or Special Funds Br.

NAME OF EMPLOYEE | OFFICE

REASON FOR CLEARANCE

ITEMS TO BE CERTIFIED

1. Exit interview	6. Orders (military or naval)	11. Loans (Credit Union)
2. Transportation requests	7. Property	12. Issuances (military)
3. Credit cards (gasoline and oil)	8. Leave (annual, sick, LWOP)	13. Inter-agency Liaison
4. Identification badges, credentials	9. Travel and transportation advances	14. Notice of clearance to
5. Books, documents, maps and materials	10. Claims, etc.	Special Funds Branch

CERTIFICATION OF OFFICIALS (PLEASE INCLUDE COMMENTS PERTAINING TO EXCEPTIONS IN AN ATTACHED MEMORANDUM)

I CERTIFY that the items for which I am responsible have been checked with official records, and, except as indicated, the employee named is clear of obligations with CIA.

PERSONNEL DIV. (PERSONNEL RELATIONS BR.)	PERSONNEL DIV. (MILITARY PERSONNEL BR.)
ROOM NO. BUILDING	ROOM NO. BUILDING
Items to be certified: 1-11-14 (Please circle exceptions)	Items to be certified: 6-12 (Please circle exceptions)
SIGNATURE	SIGNATURE
TITLE DATE	TITLE DATE

OFFICE TO WHICH ASSIGNED (ADM. OR PROPERTY OFFICER)	SECURITY OFFICE (PERSONNEL SECURITY BR.)
ROOM NO. BUILDING	ROOM NO. BUILDING
Items to be certified: 5-7 (Please circle exceptions)	Items to be certified: 1-4 (Please circle exceptions)
SIGNATURE	SIGNATURE
TITLE DATE	TITLE DATE

ADM. SERVICES DIV. (TRANSPORTATION BR.)	
ROOM NO. BUILDING	ROOM NO. BUILDING
Items to be certified: 2-3 (Please circle exceptions)	Items to be certified: (Please circle exceptions)
SIGNATURE	SIGNATURE
TITLE DATE	TITLE DATE

OCD (LIBRARY AND LIAISON DIV.)	
ROOM NO. BUILDING	ROOM NO. BUILDING
Items to be certified: 5-13 (Please circle exceptions)	Items to be certified: (Please circle exceptions)
SIGNATURE	SIGNATURE
TITLE DATE	TITLE DATE

TRAINING DIV. (LIBRARY)	FINANCE DIV. (SPECIAL FUNDS BR.)
ROOM NO. BUILDING	ROOM NO. , BUILDING
Item to be certified: 5 (Please circle exception)	Items to be certified: 8-9-10 (Please circle exceptions)
SIGNATURE	SIGNATURE
TITLE DATE	TITLE DATE

ORR (MAP LIBRARY BR.)	FINANCE DIV. (FISCAL BR.)
ROOM NO. BUILDING	ROOM NO. BUILDING
Item to be certified: 5 (Please circle exception)	Items to be certified: 8-9-10 (Please circle exceptions)
SIGNATURE	SIGNATURE
TITLE DATE	TITLE DATE

CERTIFICATION BY EMPLOYEE

I CERTIFY that to the best of my knowledge and belief I am not indebted to the United States Government whatsoever as a result of my connection with this organization.

_____ | _____
DATE | SIGNATURE OF SEPARATING EMPLOYEE

FORWARDING ADDRESS

STREET AND NO.	CITY	STATE	TELEPHONE

EDITIONS NOT TO BE USED.

(9.30)